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UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new non-provisional applications under 37 CFR 1.53(b))

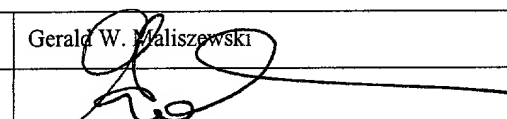|	
Attorney Docket No.	TRANS1100 C/M # 100980-165182
First Inventor or Application Identifier:	D. Ingle et al.
Title:	System and Method for Creating a Clinical Resume
Express Mail Label No.:	EL233 8951715US

Application Elements
(See MPEP chapter 600 concerning utility patent application contents

ADDRESS TO: Assistant Commissioner For Patents
BOX PATENT APPLICATION
Washington, D.C. 20231

1. ☒ Fee Transmittal Form
   (Submit an original ,& duplicate for fee processing)

2. ☒ Applicant claims small entity status

3. ☒ Specification   [Total Pages __38__]
   (preferred arrangement set forth below)
   - Descriptive title of the Invention
   - Cross References to Related Applications
   - Statement Regarding Fed sponsored R&D
   - Background of the Invention
   - Brief Summary of the Invention
   - Brief Description of the Drawings (if filed)
   - Detailed Description
   - Claim(s)
   - Abstract of the Disclosure

4. ☒ Drawing(s) (35 USC 113)   [Total sheets _5_]

5. ☒ **2 (two)** Oath or Declaration [Total Pages __6__]

   a. ☒ Newly executed (original or copy)

   b. ☐ Copy from prior application (37 CFR 1.63(d))
   (for continuation/divisional with Box 17 completed)

      i. ☐ Deletion of Inventor(s)
      Signed statement attached in the prior
      application, see 37 CFR 1 63(d)(2) and 1 33(b)

6. ☐ Application Data Sheet. See 37 CFR 1.76

7. ☐ CD-ROM or CD-R in duplicate, large table, or Computer Program (Appendix)

8. ☐ Nucleotide and/or Amino Acid Sequence Submission
   (if applicable, all necessary)

   a. ☐ Computer Readable Form (CRF)

   b. ☐ Specification Sequence Listing on:

      i. ☐ CD-ROM or CD-R (2 copies); or

      ii. ☐ paper

   c. ☐ Statement verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

9. ☐ Assignment Papers (cover sheet & document(s))

10. ☐ 37 CFR 3.73(b) Statement   ☐ Power Of
    (when there is an assignee)   Attorney

11. ☐ English Translation Document (if applicable)

12. ☒ Information Disclosure   ☒ Copies of IDS
    Statement (IDS/PTO 1449)   Citations

13. ☐ Preliminary Amendment (____ pgs.)

14. ☒ Return Receipt Postcard (MPEP 503) (Should be specifically itemized)

15. ☐ Certified Copy of Priority Document(s) (if foreign priority is claimed)

16. ☒ Express Mail Certification

17. ☐ Request And Certification under 35 USC 122(b)(2)(B)(i).
    Applicant must attach form PCT/SB/35 or its equivalent

18. ☒ OTHER: Check # 465893 ($ 539.00)

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17. **If a CONTINUING APPLICATION,** check appropriate box and supply the requisite information:
   ☐ Continuation   ☐ Divisional   ☐ Continuation-In-Part of prior application no.: ___/_____.
   Prior application information: Examiner: _____ Group/Art Unit: _____.

18. CORRESPONDENCE ADDRESS

☒ Customer Number **(25548)**
   Or Bar Code Label
OR
☒ Correspondence Address Below

25548
PATENT_TRADEMARK OFFICE

NAME	ATTN: Terrance A. Meador **GRAY CARY WARE & FREIDENRICH**
ADDRESS	401 B Street, Suite 1700 San Diego, California 92101 USA
Telephone: 619/699-2652	General Fax No.: 619-236-2701 | Patent Group Fax No.: 619/699-3452

Name (print/type)	Gerald W. Maliszewski	Registration No.: (Attorney/Agent)	38,054
Signature		Date	19 January 2001

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FEE TRANSMITTAL

Attorney Docket No.	TRANS1100 100980-165182
First Named Inventor:	D. Ingle et al.
Application Number	Unknown
Filing Date:	Herewith
Examiner Name:	Unknown
Group/Art Unit:	Unknown

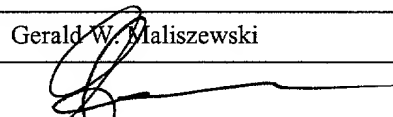| TOTAL AMOUNT OF PAYMENT:	$ 539.00
METHOD OF PAYMENT (check One)	1. __X__ The Commissioner is hereby authorized to charge indicated fees and/or credit any over payment to: Deposit Account No.: 07-1895 Deposit Account Name: GRAY CARY WARE & FREIDENRICH __X__. Charge any Additional Fee Required Under 37 CFR 1.16 and 1.17 2. __X__ Payment Enclosed: __X__ Check _____ Money Order _____ Other

2. UTILITY Basic Filing Fee & Claims

(1) For	(2) No. filed	(3) No. extra	(4) Large Entity	(5) Small Entity	(6) Calculations
Basic Filing Fee	XX	XX	$ 710.00	**$355.00**	$ 355.00
Total Claims	**36 - 20 =**	**16**	X $ 18.00	**X $ 9.00**	$ 144.00
Independent Claims	**4 - 3 =**	**1**	X $ 80.00	**X $ 40.00**	$ 40.00
Multiple Dependent Claim(s) (if applicable)			$ 270.00	$135.00	$ 000.00
				Total of above Calculations =	$ 539.00

Basic Filing Fee	Large Entity	Small Entity	Total
Design filing fee	$ 320.00	$ 160.00	$ 000.00
Reissue filing fee	$ 710.00	$ 355.00	$ 0.00
Provisional filing fee	$ 150.00	$ 75.00	$ 0.00
		Total of above Calculations =	$

3. ADDITIONAL FEES

Fee Description	Large Entity	Small Entity	Other
	$	$	$
	$	$	$
	$	$	$
	$	$	$
		TOTAL:	$

Name (print/type)	Gerald W. Maliszewski	Registration No.: (Attorney/Agent)	38,054
Signature		Date	19 January 2001